

In re MICHAEL B SARACENO JR  
DebtorCase No. 13-18784

Small Business Case under Chapter 11

## SMALL BUSINESS MONTHLY OPERATING REPORT

Month: DEC. 2018

Date filed: \_\_\_\_\_

Line of Business: RENTALS

NAISC Code: \_\_\_\_\_

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

## RESPONSIBLE PARTY:



Original Signature of Responsible Party

MICHAEL B SARACENO Jr.

Printed Name of Responsible Party

## Questionnaire: (All questions to be answered on behalf of the debtor.)

	Yes	No
1. IS THE BUSINESS STILL OPERATING?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. DID YOU PAY YOUR EMPLOYEES ON TIME?	<input type="checkbox"/>	<input type="checkbox"/> n/a
4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH?

15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH?

16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH?

17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH?

18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY?

### TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS?

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

*(Exhibit A)*

### INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

**TOTAL INCOME** \$ 12,689.00

#### SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month	\$ <u>0</u>
Cash on Hand at End of Month	\$ <u>0</u>

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU **TOTAL**

\$ 12,689.00

*(Exhibit B)*

### EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

**TOTAL EXPENSES** \$ 11,826.00

*(Exhibit C)*

### CASH PROFIT

INCOME FOR THE MONTH *(TOTAL FROM EXHIBIT B)*

\$ 12,689

EXPENSES FOR THE MONTH *(TOTAL FROM EXHIBIT C)*

\$ 11,826

*(Subtract Line C from Line B)*

**CASH PROFIT FOR THE MONTH**

\$ 863.00

UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL PAYABLES \$ 0

(Exhibit D)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

EDDIE VACAQUEZ 1725.00  
LUBINA CALLOWAY 1250.00

TOTAL RECEIVABLES \$ 2,975.00

(Exhibit E)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(Exhibit F)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED?

NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT?

n/a

n/a

PROFESSIONAL FEES

BANKRUPTCY RELATED:

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?

\$ 0

TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?

\$ 13,650.00

NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?

\$ 0

TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?

\$ 0

**PROJECTIONS**

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ _____	\$ _____	\$ _____
EXPENSES	\$ _____	\$ _____	\$ _____
CASH PROFIT	\$ _____	\$ _____	\$ _____

TOTAL PROJECTED INCOME FOR THE NEXT MONTH: \$ 12,000.00  
TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH: \$ 11,000.00  
TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH: \$ 1,000.00

**ADDITIONAL INFORMATION**

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.



December 18, 2018

-31 T 0474 0000 R 52 AO

MICHAEL B SARACENO JR  
DEBTOR IN POSSESSION  
4507 SCHEIDYS RD  
COPLAY PA 18037-2426

Questions about your account?  
1-800-KEY2YOU (1-800-539-2968)

Or, write us:  
KeyBank National Association  
P.O. Box 94825  
Cleveland, Ohio 44101

Get less mail and enroll in Online Statements today!



## Key Express Checking

Account number: 7806214453

Account title: MICHAEL B SARACENO JR  
DEBTOR IN POSSESSION

Balance on Nov 19, 2018	\$7,920.80
<hr/>	
Deposits	12,689.99
<hr/>	
Deductions	
Withdrawals	9,877.32
Checks paid	1,949.09
Balance on Dec 18, 2018	\$8,784.38



## KeyNotes

Important information about the KeyBank Rewards Program Terms and Conditions.

You are receiving this information about the KeyBank Rewards Program Terms and Conditions because you have a Checking Account eligible to be enrolled in the KeyBank Relationship Rewards Program or may currently be enrolled.

Effective November 9, 2018, clients are no longer able to enroll new or existing checking accounts into the KeyBank Relationship Rewards program. Additionally, the KeyBank Rewards Program Terms and Conditions will become a separate agreement and will no longer be included in the Disclosure Statement and Terms and Conditions for Electronic Funds Transfer Transactions or in the Agreement for Small Business Debit Card and Electronic Funds Transfer Services.

We want to be sure you have the right banking solutions for your needs. If you have any questions about this information, please do not hesitate to call the number that appears on this statement, visit your local KeyBank branch or



December 18, 2018



## KeyNotes (continued)

contact your Relationship Manager.

Please read and retain this information with your current KeyBank Rewards Program Terms and Conditions and your account opening Agreements and Disclosures.

Change in policy for non-KeyBank clients cashing checks in branches.

To enhance client protection and in accordance with KeyBank's Deposit Account Agreement and Funds Availability Policy, effective February 11, 2019, KeyBank may be limiting check cashing services to non-clients based on the written amount of the check. If you have any questions regarding this policy change, please contact 1-800-KEY2YOU® (1-800-539-2968) or visit your local branch.

## Deposits

Date	Description	Amount
11-21	Deposit Branch 0474 Pennsylvania	\$2,500.00
11-23	Deposit Branch 0474 Pennsylvania	1,000.00
11-27	Deposit Branch 0474 Pennsylvania	496.83
12-3	Deposit Branch 0474 Pennsylvania	2,431.00
12-5	Deposit Branch 0474 Pennsylvania	1,446.83
12-7	Deposit Branch 0474 Pennsylvania	1,000.00
12-10	Deposit Branch 0474 Pennsylvania	600.00
12-12	Direct Deposit, Ssa Treas 310 Xxsoc Sec	1,868.50
12-18	Deposit Branch 0474 Pennsylvania	1,346.83
Total		\$12,689.99

## Withdrawals

Date	Description	Amount
11-27	Withdrawal Branch 0474 Pennsylvania	\$9,225.00
12-3	Bill Pay:Ugi Utilities, Inc 514812 Fb5C5C4W	99.88
12-3	Bill Pay:Ugi Utilities, Inc 514812 Abocfc4W	101.87
12-3	Bill Pay:Pennsylvania Power 906956 Ob7C4C4W	120.68
12-3	Bill Pay:Pennsylvania Power 249601 Jbdcfc4W	167.06
12-7	Direct Withdrawal, Aetna Life Insurins Pymt	162.83
Total		\$9,877.32



EQUAL HOUSING

LENDER Member FDIC

000007806214453-03290

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December 18, 2018

### Checks paid

*\* Indicates a break in numeric sequence*

Number	Date	Trace ID	Amount	Number	Date	Trace ID	Amount
439	12-3	28405187	\$628.39	443	12-5	28808634	166.75
440	12-3	28405188	608.47	444	12-11	65583401	26.82
* 442	12-4	28575557	18.66	445	12-7	65135495	500.00
Total						<i>181205</i>	\$1,949.09
						<i>118716</i>	

### Aggregate Overdraft and Returned Item Fees

	Total for this period	Total Year-to-Date This Year	Total Year-to-Date Prior Year
Total Returned Item Fees	\$0.00	\$0.00	\$68.00